

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

DATAMASTER MAINTENANCE REPORT

BERTHE 1871/15-00

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.				
DATAMASTER SN NAME OF AGENCY 204129 Missouri State Highway Patrol	DATE OF INSPECTION 11/28/2013			
LOCATION OF INSTRUMENT (STREET AND CITY) 891 Technology Dr., Weldon Spring, MO - Troop C "Road R	TIME OF INSPECTION 10:55 am			
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observe				
where determined.) Unmarked items must be corrected before using DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 11/28/13 10:55			
☑ COMPUTER	DETECTOR			
☐ PROGRAM	☐ FILTERS			
☑ HEATERS SAMPLE CHAMBER	QUARTZ STANDARD			
☑ FLOW DETECTOR	Z CALIBRATION			
☑ PUMP HIGH SPEED	PRINTER			
☑ INDICATOR LIGHTS	·			
SIMULATOR SOLUTION SUPPLIER RepCo Marketing Inc	LOT # 13001 EXP. DATE 03/07/2015			
☑ SIMULATOR TEMP (34°C ± 0.2°C) 33.9 °C	SIMULATOR SN G11095 EXP. DATE04/16/2014			
☑ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)				
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)				
0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE				
TEST 1 - 100% TEST 2 - 100%	TEST 3 ♥ .101%			
PERFORM R.F.I. TEST (PRINTOUT ATTACHED)				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)				
REFUSALS 1 (004) 0 (.0509) 1	(.1014) 1 (.1519) 0 OVER .19 0			
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MAD (USE OTHER SIDE IF NECESSARY).	DE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMIT			
This unit meets all Department of Health rules and regulations.				
Bottle #0006 Inventory #127255				
INSPECTING OFFICER				
SIGNATURE OF H	PRINT FULL NAME J.T. Hedrick			
TYPE II PERMIT NUMBER/EXPIRATION DATE 220150 06/25/2014	TELEPHONE NUMBER (636) 300-2800			
RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Blvd. Poplar Bluff, MO 63901				

3101-188 STONYBROOK DRIVE RALEIGH, N.C. 27604 919-676-5480

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIES LOT NUMBER: 13001	k: RepCo Marketing, Inc.
EXPIRATION DATE: March 7, 201	5 at 11:59 p.m.
RepCo Marketing, Inc. certifies the	·
RepCo Marketing, Inc. manufa	ctured, tested and supplied Lot Number
13001 of Alcohol Certified Solution	for simulators. Random samples of said lot
number were analyzed by an independe	nt laboratory utilizing a gas chromatograph
	ms/dl +/003 gms/dl wt/vol ethanol (95%
Confidence).	
The alcohol and distilled water u	sed in the solution were found to be free of
any interferring substance.	
This solution will produce a vap	or alcohol value of <u>.100</u> +/-3% gms/210L
Breath when heated to 34 Degrees Ce	sius +/-0.2 Degrees Celsius in a simulator
95% Confidence).	
The date of manufacture for	this lot number is March 8, 2013
The expiration date for this lot number	is <u>March 7, 2015</u> at
1:59 p.m.	
This document is a true represent	ation of the original Certificate of Analysis.
Cecil R	Harus
Cecil B. G	arner, President
	Indicating Inc

Form RM 02

Face This Side Down - This Edge In First

BAC DataMasterEvidence Ticket

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204129 11/28/13 10:55

--- DIAGNOSTIC CHECK ---

COMPUTER:

OKAY

PROGRAM (04-07-2009):

OKAY

HEATERS

SAMPLE CHAMBER:

49c

FLOW DETECTOR:

OKAY

PUMP

HIGH SPEED:

OKAY

DETECTOR:

ОКАУ

FILTERS:

OKAY

QUARTZ STANDARD:

OKRY

CALIBRATION:

OKAY

PRINTER TEST

 $!"\#$x\&'()*+,-./0123456789:; <=>?@ABCDEFGHIJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstuvwxyz{<math>I}$ } \rightarrow

Face This Side Down - This Edge In First

BAC DataMasterEvidence Ticket

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204129 11/28/13

ARREST TIME: 10:11 SUBJECT NAME: TEST DOB: 11/11/11 SEX: M STATE/D.L.: MO/ ARRESTING OFFICER: **RFI/TEST** OFFICER I.D.: 1 TESTING OFFICER: **HEDRICK/J/T** OFFICER I.D.: 455 PERMIT NUMBER: 220150 EXPIRATION DATE: 06/25/14 MISCELLANEOUS DATA: RFI TEST

--- BREATH AMALYSIS ---

BLANK TEST KATERNAL STANDARD RADIO INTERFERENCE .000 11:13 VERIFIED 11:13

Operator Signature_

Face This Side Down - This Edge In First

BAC DataMasterEvidence Ticket

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204129 11/28/13

TESTING OFFICER: HEDRICK/J/T OFFICER I.D.: 455

PERMIT NUMBER: 220150 EXPIRATION DATE: 06/25/14

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	11:06
INTERNAL STANDARD	VERIFIED .	11:06
EXTERNAL STANDARD	.100	11:07
BLANK TEST	. 999	11:07
EXTERNAL STANDARD	.100	11:08
BLANK TEST	.000	11:08
EXTERNAL STANDARD	.101	11:09
BLANK TEST	. 000	11:09

N = 3

 $\mathfrak{SIM}. = .1$

AVG. = .1003

Signature 7. U.S.

Operator Signature

State of Missouri DEPARTMENT OF HEALTH



R TYPE II



JAMES T HEDRICK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

air. Issued under the provisions of sections	577.020 through 577.041, RSMo 1986.
Date06/26/2012	white
Number 220150	Director of State Public Health Laboratory
Expires 06/26/2014	Director, Department of Health
MO 580-0771 (7-88)	Lab. 4 (87-88)